| Recipient Con | | | | Date Stamp | CALIFORNIA 110 |
|-------------------------|--|----------------------------------|--|---|-----------------------------|
| Statement Type | ☐ Initial | ☑ Amendment | [T = 1 11 | | FORM 410 |
| •• | O Not yet qualified | amendment | Termination – See Part 3 | Pe office of the AND FILE | City of the Kootice |
| | or O Date qualification threshold met | Date qualification threshold met | Date of termination | ECEIVED AND FILED THE Office of the Secretary of State of the State of California | SEP 21 2020 |
| | | 08 / 29 / 2020 | / | AUG 31 2020 | RECEIVED |
| 1. Committee | Information I.D. Number | 1427604 | 2. Treasurer and | Other Principal Officers | |
| NAME OF COMMITTEE | (1) Oppic use) | | NAME OF TREASURER | # (K= K M=(E) K | |
| BOB NUNEZ FO | OR MILPITAS CITY COUNCII, | 2020 | JIL KAUFFMAN | | |
| | | | STREET ADDRESS (NO PO BOX) | | |
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| STREET ADDRESS (NO PO | | | CUY | STAIL | ZIP CODE AREA CODE/PHONE |
| 468 CASCADIT | A TER | | MILPITAS | | 95035 408 687-5157 |
| СІТУ | STATE ZIP CO | ODE AREA CODE/PHONE | NAME OF ASSISTANT TREASURER, | | 400 007-3137 |
| MILPITAS | CA 950 | 035 408 598-6101 | <u> </u> | | i |
| FULL MAILING ADDRESS (I | (DIFFCRENT) | | SYRFET ADDRESS (NO PO BOX) | | |
| E MAIL ADDRESS (REQUIR | | | CHA | SIAIL | |
| BNUNEZ51@Y/ | AHOO.COM | | | SIAIT | ZIP CODE AREA CODE/PHONE |
| COUNTA OF DOMICRE | TURISDICTION WHERE COL | MITILEIS ACTIVE | NAME OF PRINCIPAL OFFICE(S) | | |
| SANTA CLARA | SANTA CLARA (| COUNTY | | | |
| | | | STREET ADDRESS (NO PO BOX) | | |
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| Attach additional | information on appropriately la | beled continuation sheets. | CHA | STATE | ZIP CODE AREA CODE/PRONE |
| 3. Verification | 1 , | 1 | | W . | |
| I have used all re | asonable diligence in preparing t | his statement and to the best | of my knowledge the informati | on contained basein is in a | |
| penalty of perjur | y under the laws of the State of (| alifornia that the foregoing is | true and correct | on contained herein is true an | a complete. I certify under |
| Executed on | 8-27-2020 | - XI KI | With my | | |
| Executed on | 6-27-2020 | SIG | NATURE OF ASSISTANT TREASURE | R | |
| txecuted on | DATE | UGNATION OF CONTROL | | | |
| Executed on | Po. | NINO) 10 thurshore | DLLING OFFICEHOLDER, CANDIDATE, ORSTATE MI | FASURF PROPONENT | |
| | DATE BY | SIGNATURE OF CONTRO | DELING OFFICEHOLDER, CANDIDATE, OR STATE ME | EASURE PROPONENT | |
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FPPC Form 410 (August/2018) FPPC Advice: <u>advice@fppc.ca.gov</u> (866/275-3772)

| Statement of Organization Recipient Committee MSTRUCTIONS ON REVERSE | | | | | | | FORNIA DRM | 410 |
|---|-----------------|---------------------------|-----------------------|---------------|--------------------|-------------|--------------------|--------------|
| COMMITTEE NAME | | | 5 - 178 - 30 | | | Page 2 | | |
| BOB NUNEZ FOR MILPITAS CITY COUNCIL. 2020 | | | | | | I.D. NUMBER | | |
| All committees must list the financial institution where the | campaign ba | nk account is located. | | | | | | |
| NAME OF FINANCIAL INSTITUTION | AREAC | ODE/PHONE | | | | | | |
| WELLS FARGO BANK N.A. | | 356-4442 | | | | | | |
| ADDRESS | CHY | | STATE | | TIP CODE | | | |
| 13355 SOUTH STREET | CER | RITOS | CA | | 90703 | | | |
| 4. Type of Committee Complete the applicable section | S. | | | - 1 | | | | |
| Controlled Committee | | | | | - | | | |
| List the political party with which each officeholder or candidated in this committee acts jointly with another controlled committee. | tee, list the n | ame and identification | number of the of | | led committe | e. | | |
| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT | | INCLUDE DISTRICT NUMBER I | APPLICABLE) | ELECTION | PAR CHICK | | | |
| ODERT NUNEZ. | City Cou | tncilmember/City of N | lilpitas | 2020 | Nonpartisan | Partisan 🕜 | (list political p. | irty below) |
| | | | | | Noopartisan | Partitan | (list political pa | rty below) |
| Primarily Formed Committee Primarily formed to support or | oppose spec | ific candidates or mea | sures in a single e | lection. List | below: | | | - |
| CANDIDATE(S) NAME OR MEASURE (S) FULL TIFLE (INCLUDE BALLOT NO. OR L IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME | FITTER) | (ANDIDATE) | S) OFFICE SOUGHT OR I | ELD OR MEASU | RE(S) HIRISDIC III |)и | CHEC | i ONE |
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| Recipient Con | | | | Date Stamp | CALIFORNIA 110 |
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| Statement Type | ☐ Initial | ☑ Amendment | [T = 1 11 | | FORM 410 |
| •• | O Not yet qualified | amendment | Termination – See Part 3 | Pe office of the AND FILE | City of the Kootice |
| | or O Date qualification threshold met | Date qualification threshold met | Date of termination | ECEIVED AND FILED THE Office of the Secretary of State of the State of California | SEP 21 2020 |
| | | 08 / 29 / 2020 | / | AUG 31 2020 | RECEIVED |
| 1. Committee | Information I.D. Number | 1427604 | 2. Treasurer and | Other Principal Officers | |
| NAME OF COMMITTEE | (1) Oppic use) | | NAME OF TREASURER | # (K= K M=(E) K | |
| BOB NUNEZ FO | OR MILPITAS CITY COUNCII, | 2020 | JIL KAUFFMAN | | |
| | | | STREET ADDRESS (NO PO BOX) | | |
| | | | 468 CASCADITA TE | R | |
| STREET ADDRESS (NO PO | | | CUY | STAIL | ZIP CODE AREA CODE/PHONE |
| 468 CASCADIT | A TER | | MILPITAS | | 95035 408 687-5157 |
| СІТУ | STATE ZIP CO | ODE AREA CODE/PHONE | NAME OF ASSISTANT TREASURER, | | 400 007-3137 |
| MILPITAS | CA 950 | 035 408 598-6101 | <u> </u> | | i |
| FULL MAILING ADDRESS (I | (DIFFCRENT) | | SYRFET ADDRESS (NO PO BOX) | | |
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| BNUNEZ51@Y/ | AHOO.COM | | | SIAIT | ZIP CODE AREA CODE/PHONE |
| COUNTA OF DOMICRE | TURISDICTION WHERE COL | MITILEIS ACTIVE | NAME OF PRINCIPAL OFFICE(S) | | |
| SANTA CLARA | SANTA CLARA (| COUNTY | | | |
| | | | STREET ADDRESS (NO PO BOX) | | |
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| Attach additional | information on appropriately la | beled continuation sheets. | CHA | STATE | ZIP CODE AREA CODE/PRONE |
| 3. Verification | 1 , | 1 | | W . | |
| I have used all re | asonable diligence in preparing t | his statement and to the best | of my knowledge the informati | on contained basein is in a | |
| penalty of perjur | y under the laws of the State of (| alifornia that the foregoing is | true and correct | on contained herein is true an | a complete. I certify under |
| Executed on | 8-21-2020 | - XI KI | With my | | |
| Executed on | 6-27-2020 | SIG | NATURE OF ASSISTANT TREASURE | R | |
| txecuted on | DATE | UGNATION OF CONTROL | | | |
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FPPC Form 410 (August/2018) FPPC Advice: <u>advice@fppc.ca.gov</u> (866/275-3772)

| Statement of Organization Recipient Committee MSTRUCTIONS ON REVERSE | | | | | | | FORNIA DRM | 410 |
|---|-----------------|---------------------------|-----------------------|---------------|--------------------|-------------|--------------------|--------------|
| COMMITTEE NAME | | | 5 - 178 - 30 | | | Page 2 | | |
| BOB NUNEZ FOR MILPITAS CITY COUNCIL. 2020 | | | | | | I.D. NUMBER | | |
| All committees must list the financial institution where the | campaign ba | nk account is located. | | | | | | |
| NAME OF FINANCIAL INSTITUTION | AREAC | ODE/PHONE | | | | | | |
| WELLS FARGO BANK N.A. | | 356-4442 | | | | | | |
| ADDRESS | CHY | | STATE | | TIP CODE | | | |
| 13355 SOUTH STREET | CER | RITOS | CA | | 90703 | | | |
| 4. Type of Committee Complete the applicable section | S. | | | - 1 | | | | |
| Controlled Committee | | | | | - | | | |
| List the political party with which each officeholder or candidated in this committee acts jointly with another controlled committee. | tee, list the n | ame and identification | number of the of | | led committe | e. | | |
| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT | | INCLUDE DISTRICT NUMBER I | APPLICABLE) | ELECTION | PAR CHICK | | | |
| ODERT NUNEZ. | City Cou | tncilmember/City of N | lilpitas | 2020 | Nonpartisan | Partisan 🕜 | (list political p. | irty below) |
| | | | | | Noopartisan | Partitan | (list political pa | rty below) |
| Primarily Formed Committee Primarily formed to support or | oppose spec | ific candidates or mea | sures in a single e | lection. List | below: | | | - |
| CANDIDATE(S) NAME OR MEASURE (S) FULL TIFLE (INCLUDE BALLOT NO. OR L IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME | FITTER) | (ANDIDATE) | S) OFFICE SOUGHT OR I | ELD OR MEASU | RE(S) HIRISDIC III |)и | CHEC | i ONE |
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| Statement of C | Organization | | 1 | Date Stamp | 0.11505111 |
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| Recipient Con | _ | | | · · | CALIFORNIA 410 |
| Statement Type | ✓ Initial | Amendment | ☐ Termination – See Part 5 | City Clerk's Office | FORM 4 I U |
| | Not yet qualified | | | JUL 0 1 2020 | TO OTICIO OSE OMY |
| | or O Date qualification threshold met | Date qualification throchold mot | Date of termination | 30F 0 T 5050 | |
| | O della spannounan in canola filor | trate quantication the short met | Date of termination | RECEIVED | |
| | | // | // | | |
| 1. Committee | e Information I.D. Numb | er | 2. Treasurer and | Other Principal Officers | |
| NAME OF COMMITTEE | | | NAME OF TREASURER | White and the same of the same | and sittle that the same of th |
| Bob Nunez for N | Ailpitas City Council 2020 | | Jil Kauffman | | |
| | | | STREEF ADDRESS (NO PO BOX) | | |
| | | | 468 Cascadita Ter | | |
| STREET ADDRESS ING CO. | | | CITY | STATE | ZIP CODE AREA CODE/PHONE |
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| TULC MARTING ADDRESS (I | | 935 408 598-6101 | | | |
| THE WALLIAG ACTION 25 II | · URFERENT) | | STREET ADDRESS (NO PO BOX) | | |
| E MAIL ADDRESS (BEQUIR | ED) / FA CTOP DONA() | | LIFY | STATE | ZEP CODE AREA CODEZPHONE |
| bnunez51@yaho | 0.C0111 | | | | |
| (OUNTY OF DOMICSE | BURISDICTION WHERE CON | MMO OFFIS ACTIVE | NAME DEPRINCIPAL DEFICER(S) | | |
| Santa Clara | Santa Clara Cour | nty | | | |
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| | | | Cily | | |
| Attach additional | l information on appropriately la | beled continuation sheets. | | STATE | ZIP CODE AREA CODE/PHONE |
| 3. Verification | | | | Park In the Park In the Park Inch | |
| I have used all re- | asanahia diliganca in pranaring | this statement and to the least | | | |
| penalty of perjur | asonable diligence in preparing y under the laws of the State of | California that the foregoing is | or my knowledge the informati | on contained herein is true a | nd complete. I certify under |
| Executed on | 1-2020 | | todana correct. | | |
| 7 | (- 2030 By | - Side | NATURE OF TREASURER OR ASSISTANT TREASURE | н | |
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| | By | SIGNATURE OF CONTRI | DLLING OFFICEHOLDER, CANDIDATE, OF STATE ME | ASURE PROPONENT | |

| Statement of Organization Recipient Committee NSTRUCTIONS,ON REVERSE | | | | | ORM 410 |
|---|--|---|-------------------|----------|-----------------------------|
| COMMITTEE NAME | | 7.1 | | Page 2 | |
| Nunez for Milpitas City Council 2020 . | | | | | · |
| All committees must list the financial institution where the | campaign bank account is located. | | | | |
| NAME OF FINANCIAL INSELLITION | AREA CODE/PHONE | BANK ACCOUNT NUMBER | | | |
| ADDRESS | CHA | STATE | ZIP CODE | | |
| also list the elective office sought or held, and district number List the political party with which each officeholder or candid If this committee acts jointly with another controlled commit | date is affiliated or check "nonpartisan." Stati | | | | |
| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT | LEECTIVE OFFICE SOUGHT OF HELD (INCENDE DISTRICT NUMBER IF APPLICABLE | YLAR OF E) LLECTION | PAR* | | |
| Robert Nunez | City Council Member/City of Milpitas | 2020 | Nonpartisin | Partisan | (list political party below |
| | | | Nonpartisan | Partisan | (list political party below |
| Primarily Formed Committee Primarily formed to support o | r oppose specific candidates or measures in a | single election. Lis | t below: | | |
| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLD) NO OR IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAM | TETTERT CANDIDATETS) OFFICE SO | DUGHT OR HELD OR MEASI I NO CHY OR COUNTY, A | JREES JURISDICTIO | ON | |

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